



# Indiana Department of Education

SUPPORTING STUDENT SUCCESS

## MEMORANDUM

**TO:** Superintendents and Principals

**FROM:** Alyson Luther, Textbook Adoption Chair

**DATE:** June 3, 2010

**SUBJECT:** Request for Textbook Reviewers for the 2010 Science and Health Adoptions

Your assistance is requested in identifying persons both highly qualified and interested in evaluating science or health textbooks for the 2010 Science and 2010 Health Textbook Adoptions. The evaluation information from the reviewers will be used by the Textbook Advisory Committee to develop the textbook adoption recommendations for the State Board of Education and the official state adoption list.

Sample copies of the teacher and student editions of the textbooks being submitted for adoption will be sent to all reviewers during the month of July. Supplementary materials will be available for review at the public textbook review sites. At the conclusion of the evaluation process, reviewers may keep the materials for use in their classrooms.

Reviewers must be available on July 30, 2010 for a meeting in Indianapolis, and will be reimbursed for any travel expenses incurred to attend. Reviewers will use this day to meet in grade level and content area groups to discuss their individual reviews and subsequently produce a consensus rubric and narrative rating the materials submitted for adoption. A training session to outline the review process as well as training on the evaluation rubric will be conducted during the first week of July via webinar.

Applications for science should be submitted by e-mail to Dr. Jennifer Hicks at [jhicks@doe.in.gov](mailto:jhicks@doe.in.gov) and applications for health should be submitted by e-mail to Susan Henry at [shenry@doe.in.gov](mailto:shenry@doe.in.gov) or mailed to IDOE no later than the close of business on June 23, 2010. While all applicants will not be selected, the procedure does allow for representation throughout the state. The application can be accessed online at [www.doe.in.gov/opd/textbook](http://www.doe.in.gov/opd/textbook).

# Application for Textbook Reviewers

## 2010 Science Textbook Adoption

Name: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address, City, Zip Code: \_\_\_\_\_

School Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Home Address, City, Zip Code: \_\_\_\_\_

Home Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Current Teaching Assignment \_\_\_\_\_

Do you possess an Indiana Teaching License?    Yes    No

If yes, please indicate your license number and your certification. \_\_\_\_\_

If no, please attach an explanation.

Please indicate your level of education and indicate your major field of study.

Bachelor's Degree

Master's Degree

PhD.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check the grades for which you want to be a reviewer. If more than one area is checked, indicate your first choice.

**You must be available for the review meeting on July 30, 2010.**

\_\_\_\_ Science Grade K

\_\_\_\_ Science Grade 8

\_\_\_\_ Science Grade 1

\_\_\_\_ Biology I

\_\_\_\_ Science Grade 2

\_\_\_\_ Chemistry I

\_\_\_\_ Science Grade 3

\_\_\_\_ Earth and Space Science I

\_\_\_\_ Science Grade 4

\_\_\_\_ Integrated Chemistry-Physics

\_\_\_\_ Science Grade 5

\_\_\_\_ Physics I

\_\_\_\_ Science Grade 6

\_\_\_\_ Science Grade 7

Briefly describe your qualifications for serving as a state reviewer. Include information about your knowledge of your content area.

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Signature\_\_\_\_\_

Please submit this form **by June 23, 2010** to Dr. Jennifer Hicks, Indiana Department of Education, 151 West Ohio Street, Indianapolis, IN 46204. Additional contact info: [jhicks@doe.in.gov](mailto:jhicks@doe.in.gov); (phone) 317-232-9185; (fax) 317-232-9121. You will be notified by e-mail if you are selected as a reviewer. Thank you.

# Application for Textbook Reviewers

## 2010 Health Textbook Adoption

Name: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address, City, Zip Code: \_\_\_\_\_

School Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Home Address, City, Zip Code: \_\_\_\_\_

Home Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Current Teaching Assignment \_\_\_\_\_

Do you possess an Indiana Teaching License?    Yes    No

If yes, please indicate your license number and your certification. \_\_\_\_\_

If no, please attach an explanation.

Please indicate your level of education and indicate your major field of study.

Bachelor's Degree

Master's Degree

PhD.

\_\_\_\_\_

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\_\_\_\_\_

Please check the grades for which you want to be a reviewer. If more than one area is checked, indicate your first choice.

**You must be available for the review meeting on July 30, 2010.**

\_\_\_\_ Health Grade K

\_\_\_\_ Health Grade 8

\_\_\_\_ Health Grade 1

\_\_\_\_ Advanced Health and Wellness

\_\_\_\_ Health Grade 2

\_\_\_\_ Health and Wellness Education

\_\_\_\_ Health Grade 3

\_\_\_\_ Current Health Issues

\_\_\_\_ Health Grade 4

\_\_\_\_ Health Grade 5

\_\_\_\_ Health Grade 6

\_\_\_\_ Health Grade 7

Briefly describe your qualifications for serving as a state reviewer. Include information about your knowledge of your content area.

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Signature\_\_\_\_\_

Please submit this form by **June 23, 2010** to Susan Henry, Indiana Department of Education, 151 West Ohio Street, Indianapolis, IN 46204. Additional contact info: [shenry@doe.in.gov](mailto:shenry@doe.in.gov); (fax) 317-232-9121.  
You will be notified by e-mail if you are selected as a reviewer. Thank you.